National Institute on Drug Abuse

Statistical Series

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Manpower in Drug Abuse Treatment Units April 1979

Topical Data From The National Drug And Alcoholism Treatment Utilization Survey (NDATUS)

Series B, Number 1

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Alcohol, Drug Abuse, and Mental Health Administration

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STATISTICAL SERIES

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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HIGHLIGHTS

- Units that provide drug abuse treatment only reported a total of 29,265 workers as of April 30, 1979.
- Units that provide both drug abuse and alcoholism treatment reported a total of 21,821 employees as of April 30, 1979.
- Drug abuse treatment only units reported 4,361 volunteer workers who contributed 4.0 percent of the total staff time reported by these units.
- Units that provide both drug abuse and alcoholism treatment reported 3,020 volunteer workers who contributed 4.2 percent of the total staff time reported by these units.
- Drug abuse treatment only units reported overall turnover rates which range from 9.7 percent for Ph.D. psychologists to 35.5 percent for non-degreed counselors.
- The overall turnover rates reported by units providing both drug abuse and alcoholism treatment range from 8.5 percent for Ph.D. psychologists to 24.9 percent for non-degreed counselors.
- The three major environment/modality categories for drug abuse treatment were characterized by differing levels of physician usage. The use of degreed and non-degreed counselors also varied among the three major treatment settings as did client to staff ratios.

INTRODUCTION

This report presents data on the staffing of drug abuse treatment facilities derived from the National Drug and Alcoholism Treatment Utilization Survey (NDATUS) conducted on April 30, 1979. The 1979 NDATUS is the most recent in a series of national surveys designed to measure the scope and use of drug abuse treatment services throughout the United States. The primary purposes of NDATUS are to provide State and Federal management with information necessary to allocate resources for drug abuse and alcoholism treatment services; to provide baseline data concerning treatment utilization, staffing, and financial trends for both the Nation and individual States; and, to collect legislatively required information about the amount of methadone dispensed by methadone treatment units. The 1979 survey is the first of the NDATUS efforts to survey alcoholism as well as drug abuse treatment facilities. The inclusion of the alcoholism treatment units in this survey did not appear to have had any negative effects on the collection of the drug abuse treatment data. This expansion, to include alcoholism treatment units, is the result of a collaborative effort between the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Other agencies that cooperate in conducting the survey are the Food and Drug Administration (FDA), Veterans Administration (VA), Bureau of Prisons (BOP), and the individual State agencies for drug abuse and alcoholism.

A total of 9,101 units reported to NDATUS in 1979. This includes 6,411 treatment units and 2,690 units that provide services other than treatment such as administrative, prevention, education, or central intake services. A treatment unit is defined as a unit that reports a budgeted treatment capacity. Of the 6,411 treatment units, 2,192 were drug abuse treatment units, 2,821 were alcoholism treatment units, and 1,398 were combined drug abuse and alcoholism treatment units. A combined drug abuse and alcoholism treatment unit is defined as a unit having any budgeted capacity for drug abuse treatment and alcoholism treatment. This report is based on the data reported by the 2,192 drug abuse treatment units, and the 1,398 combined drug and alcoholism treatment units. These 3,590 units represent 95 percent of all known drug abuse treatment units in the United States, Puerto Rico, American Samoa, Guam, the Trust Territories, and the Virgin Islands.

NDATUS is conducted as a point prevalence survey. That is, the data reflect information applicable to a particular date. For the 1979 survey, this date was April 30. The survey is designed to obtain accurate and complete information on all known drug abuse and alcoholism treatment units. Intensive unit identification procedures were used to ensure that all new or previously overlooked drug abuse treatment units were included in the 1979 effort. Units were identified from existing NDATUS files and State agency records. In addition, NIAAA, FDA, VA, and BOP files were examined to complete the 1979 mailing list.

In addition to the identification of units, the State agencies coordinated the unit level administration of the survey. Following the training of State personnel, survey forms were mailed to each participating State agency along with the appropriate mailing list and the instructional materials necessary to implement the survey. During the data collection phase, personnel at the Federal level were available to answer questions concerning the survey and to consult directly with treatment units, where appropriate.

The State agencies distributed and collected the survey forms after completion by the individual units. A two-phased quality assurance process was used to control the accuracy of the NDATUS data. Phase one, which occurred at the State level, consisted of manual edits on all data submitted by the reporting units.

Phase two, which occurred at the Federal level, included both manual and automated edits of the data. The manual edits were to ensure that all data forms were complete, legible, properly formatted for keypunching, and internally consistent. The automated edits performed a number of range, consistency, and format checks on each data record. When problems were encountered, resolution was obtained through telephone followup and a data re-entry process, if required.

The information collected in NDATUS includes the unit's name, address, and ownership; budgeted treatment capacity; number of clients in treatment; amount and source of treatment funds; and, size and composition of the treatment staff. (The appendices to this report include a copy of the data collection form and a glossary of terms.)

Staffing data reported by combined units does not specify which staff members are involved with drug abuse, as opposed to alcoholism treatment. Since there is no proven method of allocating combined unit staff between alcoholism and drug abuse treatment, the staffing data for combined units are presented separately from the staffing information reported by drug abuse treatment only units. When evaluating the combined unit staffing information it is important to remember that the figures include both drug abuse and alcoholism treatment staff. Other information such as capacity, client and funding data was reported separately for drug abuse and alcoholism treatment in combined units.

The data collected by NDATUS are considered both accurate and reliable, especially at the national level. However, as with any data collection effort, there are certain limitations that must be considered when interpreting the data.

The drug abuse treatment units in Texas did not report staff turnover information. Although this should not have a profound effect on the aggregate national turnover rates, it is possible that NDATUS data underrepresent the actual extent of the turnover phenomenon.

This report focuses only on the information pertaining to the manpower in drug abuse treatment units. Four issues of particular interest to manpower and training personnel are addressed in this report:

- Overall patterns in drug abuse treatment staffing
- Utilization of volunteers
- Turnover rates among paid staff
- Typical staffing patterns in major drug abuse treatment settings.

These four issues are presented in the order noted above in the following four sections of this report.

Additional information on the staffing of drug abuse treatment units by funding source and physical environment is presented in the NDATUS Final Report.

SURVEY FINDINGS

I. OVERALL PATTERNS IN DRUG ABUSE TREATMENT STAFFING

This section describes the general staffing patterns among the 2,192 drug abuse treatment only and the 1,398 combined drug abuse/alcoholism treatment units that reported to the 1979 NDATUS. A brief discussion of the differences and similarities between the staffing patterns in both types of units is also given.

Table 1 presents a description of both full-time and part-time staffing of drug abuse treatment only units with respect to professional function. These units reported employing a total of 29,265 workers on April 30, 1979. Administrative/support staff accounted for 7,491 persons or 25.6 percent of all workers. The three counselor categories (other degreed, B.A. and above; degreed, A.A. level; and non-degreed counselors) represent 10,445 persons or 35.7 percent of all workers. The 197 registered nurses, M.S. and above, accounted for less than 1 percent of all workers.

TABLE 1

NUMBER OF FULL-TIME AND PART-TIME STAFF FOR
ALL UNITS PROVIDING DRUG ABUSE TREATMENT ONLY

National Drug and Alcoholism Treatment Utilization Survey
April 30, 1979

STAFF CATEGORY	TOTAL STAFF		FULL-TIME STAFF	PART-TIME STAFF*		TOTAL FTE STAFF
	NUMBER	PERCENT		NUMBER	FTE**	
Psychiatrists	816	2.8	107	709	138.1	245.1
Other Physicians	1,080	3.7	155	925	224.4	379.4
Psychologists-Ph.D. Level	749	2.6	232	517	107.4	339.4
Psychologists-Master Level	905	3.1	498	407	120.3	618.3
Nurse Prac./Physician's Asst.	229	0.8	138	101	33.7	171.7
Reg. Nurses-M.S. & Above	197	0.7	112	85	23.3	135.3
Other Reg. Nurses	1,741	5.9	1,180	561	180.6	1360.6
L.P.N. & Vocational Nurses	875	3.0	631	244	91.6	722.6
Social Workers-M.S. & Above	1,560	5.3	1,008	552	167.8	1175.8
Social Workers-Bachelor Level	994	3.4	801	193	54.9	855.9
Other Degreed Counselors-B.A. & Above	4,148	14.2	3,178	970	271.7	3449.7
Degreed Counselors-A.A. Level	746	2.5	654	92	32.6	686.6
Non-Degreed Counselors	5,551	19.0	3,467	2,084	349.5	3816.5
Voc./Recreational Therapists	800	2.7	434	366	82.7	516.7
Other Admin./Support Staff	7,491	25.6	5,461	2,030	675.8	6136.8
Student Trainees	1,373	4.7	220	1,153	294.6	514.6
TOTAL	29,265	100.0	18,276	10,989	2,849.0	21125.0

*Part-time work is defined as employment for less than 35 hours per week.

**Part-time staff are converted to full-time equivalents (FTE) by dividing the total number of part-time worker-hours per week by 35.

It is often helpful to aggregate specific staff categories into a few generic classifications which reflect staff orientations within units. The classifications used for this analysis include: medical, non-medical treatment, and administrative/support staff. Table 2 presents the distribution of full-time and part-time drug abuse treatment staff for each. Non-medical treatment personnel contributed 56.7 percent of total manpower (11,973.5 FTE's).[1] They are followed in rank by administrative/support staff (29.0 percent or 6,136.8 FTE's), and medical staff who contributed 14.3 percent of total manpower (3,014.7 FTE's).

TABLE 2

NUMBER AND PERCENTAGE OF FULL-TIME AND PART-TIME STAFF BY PRIMARY FUNCTION FOR ALL UNITS PROVIDING DRUG ABUSE TREATMENT ONLY

National Drug and Alcoholism Treatment Utilization Survey
April 30, 1979

STAFF CATEGORY	FULL-TIME STAFF	PART-TIME STAFF*		TOTAL LEVEL OF EFFORT (FTE)†	
		NUMBER	FTE**	NUMBER	PERCENT
Medical	2,323	6,225	691.7	3,014.7	14.3
Non-Medical Treatment	10,492	6,334	1,481.5	11,973.5	56.7
Other Admin./Support Staff	5,461	2,030	675.8	6,136.8	29.0
TOTAL	18,276	10,989	2,649.0	21,125.0	100.0

NOTE: The medical category includes psychiatrists, other physicians, nurse practitioners/physician's assistants, registered nurses-M.S. and above, other registered nurses, and licensed practical and vocational nurses. Non-medical treatment includes psychologists-Ph.D. level, psychologists-Master level, social workers-M.S. and above, social workers-Bachelor level, other degreed counselors-B.A. and above, degreed counselors-A.A. level, non-degreed counselors, student trainees, and vocational/recreational therapists. Other administrative/support staff is considered as a single staff category.

*Part-time work is defined as employment for less than 35 hours per week.

**Part-time staff are converted to full-time equivalents (FTE) by dividing the total number of part-time worker-hours per week by 35.

†Includes full-time employees plus part-time FTE staff.

The combined treatment units responding to the NDATUS reported a total of 21,821 employees as of April 30, 1979 (see table 3). Administrative/support staff numbered 5,992 persons or 27.5 percent of all workers. The three categories of counselors represent 6,819 persons or 31.2 percent of all workers. The 101 nurse practitioners/physician's assistants accounted for less than one percent of the workers reported by combined units. The total staffing of combined treatment units consists of 12,581 full-time and 9,240 part-time employees. The level of effort contributed by the part-time employees amounted to 2,395.9 FTE staff.

[1]Full-time equivalent (FTE) is defined as the total number of part-time worker-hours per week divided by 35 plus the number of full-time workers.

TABLE 3

NUMBER OF FULL-TIME AND PART-TIME STAFF FOR ALL UNITS PROVIDING COMBINED DRUG ABUSE AND ALCOHOLISM TREATMENT

National Drug and Alcoholism Treatment Utilization Survey
April 30, 1979

STAFF CATEGORY	TOTAL STAFF		FULL-TIME STAFF	PART-TIME STAFF*		TOTAL FTE STAFF
	NUMBER	PERCENT		NUMBER	FTE**	
Psychiatrists	836	3.8	118	718	120.9	238.9
Other Physicians	675	3.1	105	570	80.7	185.7
Psychologists-Ph.D. Level	593	2.7	199	394	80.2	279.2
Psychologists-Master Level	644	3.0	377	287	80.6	457.6
Nurse Prac./Physician's Asst.	101	0.5	39	62	17.6	56.6
Reg. Nurses-M.S. & Above	159	0.7	84	75	23.2	107.2
Other Reg. Nurses	1,451	6.6	849	602	189.8	1,038.8
L.P.N. & Vocational Nurses	821	3.8	589	232	97.6	686.6
Social Workers-M.S. & Above	1,278	5.9	778	500	135.1	913.1
Social Workers-Bachelor Level	580	2.7	397	183	48.2	445.2
Other Degreed Counselors-B.A. & Above	2,988	13.7	2,131	857	231.2	2,362.2
Degreed Counselors-A.A. Level	618	2.8	500	118	47.5	547.5
Non-Degreed Counselors	3,213	14.7	1,854	1,359	362.9	2,216.9
Voc./Recreational Therapists	667	3.1	406	261	64.7	470.7
Other Admin./Support Staff	5,992	27.5	3,833	2,159	583.5	4,416.5
Student Trainees	1,185	5.4	322	863	232.2	554.2
TOTAL	21,821	100.0	12,581	9,240	2,395.9	14,976.9

*Part-time work is defined as employment for less than 35 hours per week.

**Part-time staff are converted to full-time equivalents (FTE) by dividing the total number of part-time worker-hours per week by 35.

Table 4 displays the patterns for the combined units in terms of the aggregate categories used earlier (i.e., medical, non-medical treatment, and administrative/support staff). The data show that the highest level of effort is among nonmedical treatment staff who contributed 55.7 percent of total manpower (8,466.6 FTE's). The second largest category is administrative/support staff (29.1 percent of total effort or 4,416.5 FTE's). Finally, medical personnel contributed 15.2 percent of the total effort (2,313.8 FTE's).

TABLE 4

NUMBER AND PERCENTAGE OF FULL-TIME AND PART-TIME STAFF BY PRIMARY FUNCTION FOR ALL UNITS PROVIDING COMBINED DRUG ABUSE AND ALCOHOLISM TREATMENT

National Drug and Alcoholism Treatment Utilization Survey
April 30, 1979

STAFF CATEGORY	FULL-TIME STAFF	PART-TIME STAFF*		TOTAL LEVEL OF EFFORT (FTE)†	
		NUMBER OF POSITIONS	FTE**	NUMBER	PERCENT
Medical	1,784	6,225	529.8	2,313.8	15.2
Non-Medical Treatment	6,964	4,822	1,282.6	8,466.6	55.7
Other Admin/Support Staff	3,833	2,159	583.5	4,416.5	29.1
TOTAL	12,581	9,240	2,395.9	15,196.9	100.0

NOTE: The medical category includes psychiatrists, other physicians, nurse practitioners/physician's assistants, registered nurses-M.S. and above, other registered nurses, and licensed practical and vocational nurses. Non-medical treatment includes psychologists-Ph.D. level, psychologists-Ph.D. level, psychologists-Master level, social workers-M.S. and above, social workers-Bachelor level, other degreed counselors-B.A. and above, degreed counselors-A.A. level, non-degreed counselors, student trainees, and vocational/recreational therapists. Other administrative/support staff is considered as a single staff category.

*Part-time work is defined as employment for less than 35 hours per week.

**Part-time staff are converted to full-time equivalents (FTE) by dividing the total number of part-time worker-hours per week by 35.

†Includes full-time employees plus part-time FTE staff.

Since drug abuse and alcoholism programs differ in their treatment approaches, some differences in organizational structure and staffing could be expected between drug abuse only and combined units. For example, more administrative/ support staff might be used by combined units because their service operations are more complex.

In spite of these expectations, there appear to be few striking differences between the two types of units. In both types of treatment units non-medical personnel are used to a similar relative extent. Further, the largest number of employees for both units is in the three counselor categories. In both types of units, medical personnel are used to a considerably smaller degree than either the non-medical treatment or the administrative/support staff. However, there is a difference in the proportions of full- time and part-time workers in the two types of units. Drug abuse treatment only units employ 66.3 percent more full-time than part-time workers while the figure for combined treatment units is 36.2 percent.

II. UTILIZATION OF VOLUNTEERS

Historically, drug abuse treatment services have made considerable use of volunteers. In the future, as budgets tighten, it is possible that one way of maintaining present service levels will be to increase, or broaden, the scope of duties assigned to voluntary personnel. This section examines the use of volunteer staff within the treatment units that reported to the 1979 NDATUS. Specifically, it describes the numbers and types of volunteer staff and their contributions to service delivery relative to those of paid staff.

Table 5 presents the number of full-time and part-time volunteers, by discipline, in the drug abuse treatment only units. These units reported a total of 4,361 volunteers, of whom 4,154 were part-time and 207 were full-time personnel. Volunteers, however, provided only 4.0 percent of the total staff time in drug abuse treatment units (see table 6). Even in the case of student trainees, where the number of volunteers (908 persons) exceeds the number of paid staff (465 persons), the total number of FTE's accounted for by paid student trainees (258.9 FTE's) is greater than the number of FTE's accounted for by volunteers (255.7 FTE's). The largest numbers of volunteers in drug abuse treatment units occur in the categories of non-degreed counselors (1,702 volunteers) and student trainees (908 volunteers). When combined, these categories account for more than half of all volunteers.

TABLE 5

NUMBER OF FULL-TIME AND PART-TIME VOLUNTEER STAFF
FOR ALL UNITS PROVIDING DRUG ABUSE TREATMENT ONLY

National Drug and Alcoholism Treatment Utilization Survey
April 30, 1979

STAFF CATEGORY	FULL-TIME VOLUNTEERS	PART-TIME VOLUNTEERS*		TOTAL NUMBER
		NUMBER	FTE**	
Psychiatrists	0	59	5.0	59
Other Physicians	5	124	11.4	129
Psychologists-Ph.D. Level	0	55	9.4	55
Psychologists-Master Level	4	89	16.5	93
Nurse Prac./Physician's Asst.	2	20	2.7	22
Reg. Nurses-M.S. & Above	2	12	1.5	14
Other Reg. Nurses	4	75	8.3	79
L.P.N. & Vocational Nurses	0	21	7.5	21
Social Workers-M.S. & Above	4	101	12.8	105
Social Workers-Bachelor Level	5	75	8.9	80
Other Degreed Counselors-B.A. & Above	21	455	72.7	476
Degreed Counselors-A.A. Level	1	32	6.9	33
Non-Degreed Counselors	63	1,639	187.8	1,702
Voc./Recreational Therapists	5	84	10.0	89
Other Admin./Support Staff	27	469	75.4	496
Student Trainees	64	844	191.7	908
TOTAL	207	4,154	628.5	4,361

*Part-time work is defined as employment for less than 35 hours per week.

**Part time staff are converted to full-time equivalents (FTE) by dividing the total number of part-time worker-hours per week by 35.

TABLE 6

NUMBER OF PAID AND VOLUNTEER FULL-TIME EQUIVALENT STAFF
FOR ALL UNITS PROVIDING DRUG ABUSE TREATMENT ONLY

National Drug and Alcoholism Treatment Utilization Survey
April 30, 1979

STAFF CATEGORY	NUMBER OF PAID STAFF	NUMBER OF VOLUNTEER STAFF	FULL-TIME EQUIVALENTS*		
			PAID STAFF	VOLUNTEER STAFF	PERCENT VOLUNTEER EFFORT**
Psychiatrists	757	59	240.1	5.0	2.0
Other Physicians	951	129	363.0	16.4	4.3
Psychologists-Ph.D. Level	694	55	330.0	9.4	2.8
Psychologists-Master Level	812	93	597.8	20.5	3.3
Nurse Prac./Physician's Asst.	217	22	167.0	4.7	2.7
Reg. Nurses-M.S. & Above	183	14	131.8	3.5	2.6
Other Reg. Nurses	1,662	79	1,348.3	12.3	0.9
L.P.N. & Vocational Nurses	854	21	715.1	7.5	1.0
Social Workers-M.S. & Above	1,455	105	1,159.0	16.8	1.4
Social Workers-Bachelor Level	914	80	842.0	13.9	1.6
Other Degreed Counselors-B.A. & Above	3,672	476	3,356.0	93.7	2.7
Degreed Counselors-A.A. Level	713	33	678.7	7.9	1.2
Non-Degreed Counselors	3,849	1,702	3,565.7	250.8	6.6
Voc./Recreational Therapists	711	89	501.7	15.0	2.9
Other Admin./Support Staff	6,995	496	6,034.4	102.4	1.7
Student Trainees	465	908	258.9	255.7	49.7
TOTAL	24,904	4,361	20,289.5	835.5	4.0

*Full-Time Equivalent (FTE) is defined as the number of full-time workers plus the number of part-time worker-hours per week divided by 35.

**Percent volunteer effort is defined as FTE volunteer staff divided by the FTE paid staff plus FTE volunteer staff.

Table 7 presents the number of full-time and part-time volunteers, by discipline, in the combined drug abuse and alcoholism treatment units. These units reported a total of 3,020 volunteers, of whom 128 were full-time and 2,892 were part-time workers. The level of effort provided by the part-time volunteers amounted to a total of 504.8 FTE staff.

TABLE 7

NUMBER OF FULL-TIME AND PART-TIME VOLUNTEER STAFF
FOR ALL UNITS PROVIDING COMBINED DRUG ABUSE
AND ALCOHOLISM TREATMENT

National Drug and Alcoholism Treatment Utilization Survey
April 30, 1979

STAFF CATEGORY	FULL-TIME VOLUNTEERS	PART-TIME VOLUNTEERS*		TOTAL NUMBER
		NUMBER	FTE**	
Psychiatrists	0	40	4.5	40
Other Physicians	2	57	3.4	59
Psychologists-Ph.D. Level	1	26	3.5	27
Psychologists-Master Level	1	15	3.0	16
Nurse Prac./Physician's Asst.	0	11	1.4	11
Reg. Nurses-M.S. & Above	0	11	0.7	11
Other Reg. Nurses	2	39	2.8	41
L.P.N. & Vocational Nurses	1	4	0.0	5
Social Workers-M.S. & Above	4	61	14.7	65
Social Workers-Bachelor Level	1	44	9.1	45
Other Degreed Counselors-B.A. & Above	7	294	45.3	301
Degreed Counselors-A.A. Level	4	52	12.1	56
Non-Degreed Counselors	32	972	178.9	1,004
Voc./Recreational Therapists	1	107	17.3	108
Other Admin./Support Staff	30	680	77.3	710
Student Trainees	42	479	130.8	521
TOTAL	128	2,892	504.8	3,020

*Part-time work is defined as employment for less than 35 hours per week.

**Part time staff are converted to full-time equivalents (FTE) by dividing the total number of part-time worker-hours per week by 35.

Table 8 shows that 4.2 percent of the total level of staff effort in combined treatment units was provided by volunteers. Student trainees comprise the category with the highest percentage of volunteer effort (31.2 percent). In addition, for all staff categories the number of paid staff exceeds the number of volunteer staff. The largest numbers of volunteers are in the non-degreed counselors (1,004 volunteers) and other administrative/support categories (710 volunteers).

TABLE 8

NUMBER OF PAID AND VOLUNTEER FULL-TIME EQUIVALENT STAFF FOR ALL UNITS PROVIDING COMBINED DRUG ABUSE AND ALCOHOLISM TREATMENT

National Drug and Alcoholism Treatment Utilization Survey
April 30, 1979

STAFF CATEGORY	NUMBER OF PAID STAFF	NUMBER OF VOLUNTEER STAFF	FULL-TIME EQUIVALENTS*		
			PAID STAFF	VOLUNTEER STAFF	PERCENT VOLUNTEER**
Psychiatrists	796	40	234.4	4.5	1.9
Other Physicians	616	59	180.3	5.4	2.9
Psychologists-Ph.D. Level	566	27	274.7	4.5	1.6
Psychologists-Master Level	648	16	453.6	4.0	0.9
Nurse Prac./Physician's Asst.	90	11	55.2	1.4	2.5
Reg. Nurses-M.S. & Above	148	11	106.5	0.7	0.7
Other Reg. Nurses	1,410	41	1,034.0	4.8	0.5
L.P.N. & Vocational Nurses	816	5	685.6	1.0	0.1
Social Workers-M.S. & Above	1,213	65	894.4	18.7	2.0
Social Workers-Bachelor Level	535	45	435.1	10.1	2.3
Other Degreed Counselors-B.A. & Above	2,687	301	2,309.9	52.3	2.2
Degreed Counselors-A.A. Level	562	56	531.4	16.1	2.9
Non-Degreed Counselors	2,209	1,004	2,006.0	210.9	9.5
Voc./Recreational Therapists	559	108	432.4	18.3	3.9
Other Admin./Support Staff	5,282	710	4,309.2	107.3	2.4
Student Trainees	664	521	381.4	172.8	31.2
TOTAL	18,801	3,020	14,344.1	632.8	4.2

*Full-Time Equivalent (FTE) is defined as the number of full-time workers plus the number of part-time worker-hours per week divided by 35.

**Percent volunteer is defined as FTE volunteer staff divided by the FTE paid staff plus FTE volunteer staff.

A comparison of the use of volunteers in the drug abuse treatment only and combined units indicates that the staffing patterns, again, are very similar. In both cases the relative level of effort provided by volunteers is about 4 percent and non-degreed counselors make up the largest single category of volunteers. The major difference in staffing is that in combined units the number of administrative/support staff voluntarily working (710) exceeds the number of student trainees (521), while in the drug abuse treatment only units, the pattern is reversed (496 and 908, respectively). Finally, in the combined units the number of paid student trainees is greater than the number of volunteers (664 versus 521), but in the drug abuse treatment only units this is not the case. However, compared to the other staff categories, student trainees have the highest proportion of volunteers for both drug abuse and combined units.

III. TURNOVER RATES AMONG PAID STAFF

Staff turnover is thought to be a serious problem within drug abuse treatment units. Turnover among treatment staff affects the continuity of services provided to clients, and thus, could adversely affect the quality of care provided by the unit. In addition, as staff leave, new staff must be hired and trained. This process may also detract from the care of clients. Likewise, staff turnover may be an indication of the incidence of burnout within the units. It is unlikely that all turnover can be explained by burnout, but some proportion of the staff turnover experienced by treatment units is certainly associated with this phenomenon. The incidence of burnout, and turnover rates in general, have implications for the training of professionals and other treatment unit staff. Replacement staff often have less experience and may require both formal and on-the-job training to reach the same levels of proficiency as those whom they replace.

This section, examines the level of turnover among the various staff categories in units reporting to the 1979 NDATUS. Unfortunately, these data are not complete since the treatment units in at least one major State failed to provide staff turnover data to NDATUS. However, this difficulty should only serve to make the turnover rates presented here slightly more conservative than they might actually be. The major findings regarding turnover rates are that (a) turnover in any specific category tends to be an event that is highly concentrated in a minority of units rather than one uniformly experienced by all units and (b) in units where turnover does occur, it tends to occur at extremely high rates. The data presented below detail these findings.

Table 9 displays the staff turnover data for drug abuse treatment only units.[2] These data include the number of paid staff for each category, the number of staff being recruited by position at the time of the survey, the number of staff hired and separated in the year preceding the date of the survey, the number and percentage of treatment units having a given staff category, the number and percentage of units with a given staff category reporting turnover, the overall turnover rate, and the turnover rate in those units which reported turnover.

The overall turnover rates shown in table 9 range from 9.7 percent for Ph.D. psychologists to 35.5 percent for non-degreed counselors. However, the percentage of units in which turnover occurs appears to be quite low, ranging from 8.2 percent for Ph.D. psychologists to 35.5 percent for degreed counselors at the Bachelor level or above. This finding implies that turnover is a phenomenon concentrated among a minority of units. That is, all of the reported turnover for each staff category occurred in a relatively small number of units. Thus, the turnover rates among units which report any turnover is quite high, as is evident from the last column in the table. The data in this column show that the turnover rates for units reporting any turnover range from a low of 66.9 percent for other administrative/support staff to a high of 150.9 percent for vocational/recreational therapists. A turnover rate of 150.9 percent means that a new person occupies that staff position every 8.0 months on the average.

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[2] A discussion of the definition of staff turnover and the formula used to calculate turnover rate are contained in Appendix D. A turnover rate of 100 percent means that, on the average, a new person occupies each position each year.

TABLE 9

NUMBER OF STAFF RECRUITED, STAFF TURNOVER, AND SELECTED POSITION DATA FOR ALL UNITS PROVIDING DRUG ABUSE TREATMENT ONLY

National Drug and Alcoholism Treatment Utilization Survey
April 30, 1979

STAFF CATEGORY	NUMBER OF PAID STAFF	NUMBER OF STAFF RECRUITED	PAID STAFF TURNOVER MAY 1, 1978 - APRIL 30, 1979		UNITS WITH THE POSITION		UNITS WITH THE POSITION WHICH HAD TURNOVER		OVERALL TURNOVER RATE*	TURNOVER RATE IN UNITS WITH TURNOVER*
			NUMBER HIRED	NUMBER SEPARATED	NUMBER	PERCENT	NUMBER	PERCENT	PERCENT	PERCENT
Psychiatrists	757	31	150	121	625	28.8	89	14.2	15.4	107.8
Other Physicians	951	30	176	143	702	32.0	95	13.5	14.6	107.7
Psychologists-Ph.D. Level	696	25	116	70	552	25.2	45	8.2	9.7	119.4
Psychologists-Master Level	812	38	214	168	553	25.2	96	17.4	19.8	113.9
Nurse Prac./Physician's Asst.	217	18	62	40	172	7.8	24	14.0	17.0	122.0
Reg. Nurses-M.S. & Above	183	6	33	29	134	6.1	14	10.4	15.3	146.9
Other Reg. Nurses	1,662	69	364	356	640	29.2	174	27.2	20.6	75.6
L.P.N. & Vocational Nurses	854	26	270	237	374	17.1	103	27.5	26.9	97.8
Social Workers-M.S. & Above	1,455	89	378	332	839	38.3	192	22.9	21.5	94.0
Social Workers-Bachelor Level	914	63	299	227	502	22.9	102	20.3	23.2	114.3
Other Degreed Counselors-B.A. & Above	3,672	336	1,388	1,204	1,393	63.5	495	35.5	30.0	84.5
Degreed Counselors-A.A. Level	713	75	166	127	465	21.2	61	13.1	16.1	122.9
Non-Degreed Counselors	3,849	244	1,641	1,453	1,236	56.4	428	34.6	35.5	102.5
Voc./Recreational Therapists	711	38	277	242	397	18.1	85	21.4	32.3	150.9
Other Admin./Support Staff	6,995	257	1,796	1,561	1,752	79.9	564	32.2	21.5	66.9
Student Trainees	465	107	171	140	266	12.1	48	18.0	24.5	135.6
TOTAL	24,904	1,452	7,501	6,450	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.

N.A. = Not Applicable.

*The formula used for calculating the turnover rates is as follows:

$$\text{Turnover Rate} = \frac{\text{the lesser of (number of recruits + number of hires) or (number of separations)}}{\text{(number of paid staff positions + number of recruits)}}$$

Table 10 presents these same turnover data for the combined drug abuse/alcoholism treatment units. The overall turnover rates for these units range from 8.5 percent for Ph.D. psychologists to 24.9 percent for non-degreed counselors. Again, the number of units with a given staff type reporting turnover comprises a relatively small percentage of all units with that staff type. These percentages range from 7.8 percent for Ph.D. psychologists to 32.1 percent for other administrative/support staff. Thus, the specific turnover rates for units with turnover are quite high, ranging from 59.0 percent for licensed practical nurses/vocational nurses to 129.0 percent for registered nurses at the Master's level and above. As was the case for the drug abuse treatment only units, the turnover among the combined treatment units is concentrated among a minority of units and is quite high in those units where it does occur.

Proper interpretation of these turnover findings is somewhat complicated. Most treatment units have only a few positions in each category. Thus, if one of these staff leaves, the resulting turnover rate is quite high. On the other hand, turnover rates of 100 percent or more are still serious and could have a substantial negative impact on the quality of care. Further, in cases where high turnover occurs in a small number of units, the underlying difficulty could be a management problem specific to those units rather than a policy or labor force problem common to the field as a whole. Ph.D. psychologists appear to be the staff category that best exemplifies the phenomenon. At the other extreme would be staff categories with high turnover in a high percentage of units. This occurrence would be more indicative of a general labor force or policy problem. No staff category in these findings had this kind of turnover characteristic.

IV. TYPICAL STAFFING PATTERNS IN MAJOR DRUG ABUSE TREATMENT SETTINGS

This section examines the typical staffing patterns in the three largest treatment environment/modality categories reported by drug abuse units to the 1979 survey. These include outpatient drug free, outpatient methadone maintenance, and residential drug free treatment.[3] Further, the data refers to units offering only one environment/modality so that the staffing information could be clearly attributed to that particular environment/modality only. It should be noted that between 50 and 60 percent of all clients in treatment in each of these environment/modality categories are treated in the single environment/modality units used for this analysis. We do not include data from the combined units in this section since, by definition, they offer more than one form of treatment. In spite of these restrictions, the patterns that emerge should be useful since the majority of units offering the treatment of interest are included in the analysis.

The purpose of this present analysis is to investigate the sensitivity of staffing patterns to the type of treatment offered. That is, we are interested in determining whether staffing patterns are more or less dictated by the type of treatment provided. In addition, the presentation of staffing patterns in this fashion could prove valuable in defining patterns against which treatment units could be compared or which program planners could use in their activities.

Table 11 presents the staffing patterns found in the outpatient drug free units. These units reported the highest level of effort in the degreed counselor, B.A. and above category, and the lowest level of effort in the registered nurses, M.S. and above category. Only 9.7 percent of these units reported a physician other than a psychiatrist, and 39.5 percent reported non-degreed counselors. The highest client to staff ratio is for psychiatrists (approximately 254:1), and the lowest is for B.A. and above degreed counselors (25:1).

Table 12 presents the staffing patterns reported by outpatient methadone maintenance units. These units have their highest level of effort in the administrative/support category and the lowest in the student trainee category. Eighty-two percent of these units reported a staff physician other than a psychiatrist, and 66 percent reported that they employ non-degreed counselors. The highest client to staff ratio is among Ph.D. psychologists (approximately 375:1) and the lowest ratio occurs among degreed counselors, B.A. and above (approximately 73:1).

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[3]The distribution of units and clients by State for each of these environment/modality categories is presented in Appendix C.

TABLE 10

NUMBER OF STAFF RECRUITED, STAFF TURNOVER, AND SELECTED POSITION DATA FOR ALL UNITS PROVIDING COMBINED DRUG ABUSE AND ALCOHOLISM TREATMENT

National Drug and Alcoholism Treatment Utilization Survey
April 30, 1979

STAFF CATEGORY	NUMBER OF PAID STAFF	NUMBER OF STAFF RECRUITED	PAID STAFF TURNOVER MAY 1, 1978 - APRIL 30, 1979		UNITS WITH THE POSITION		UNITS WITH THE POSITION WHICH HAD TURNOVER		OVERALL TURNOVER RATE*	TURNOVER RATE IN UNITS WITH TURNOVER*
			NUMBER HIRED	NUMBER SEPARATED	NUMBER	PERCENT	NUMBER	PERCENT	PERCENT	PERCENT
Psychiatrists	796	40	123	77	525	37.6	52	9.9	9.2	93.1
Other Physicians	616	16	107	59	309	22.1	26	8.4	9.3	110.7
Psychologists-Ph.D. Level	566	43	85	52	384	27.5	30	7.8	8.5	108.8
Psychologists-Master Level	648	38	129	92	382	27.3	45	11.8	13.4	113.3
Nurse Prac./Physician's Asst.	90	4	18	11	46	3.3	5	10.9	11.7	107.8
Reg. Nurses-M.S. & Above	148	4	16	16	98	7.0	8	8.2	10.5	129.0
Other Reg. Nurses	1,410	52	283	227	365	26.1	87	23.8	15.5	65.1
L.P.N. & Vocational Nurses	816	41	208	132	214	15.3	56	26.2	15.4	59.0
Social Workers-M.S. & Above	1,213	90	261	202	587	42.0	109	18.6	15.5	83.3
Social Workers-Bachelor Level	535	47	97	81	310	22.2	44	14.2	13.9	97.9
Other Degreed Counselors-B.A. & Above	2,687	156	749	563	897	64.2	249	27.8	19.8	71.3
Degreed Counselors-A.A. Level	562	43	137	97	298	21.3	43	14.4	16.0	111.3
Non-Degreed Counselors	2,209	291	753	622	693	49.6	216	31.2	24.9	79.8
Voc./Recreational Therapists	559	48	115	89	199	14.2	36	18.1	14.7	81.0
Other Admin./Support Staff	5,282	134	1,362	1,118	1,035	74.2	332	32.1	20.6	64.4
Student Trainees	664	33	132	86	220	15.7	34	15.5	12.3	79.8
TOTAL	18,801	1,080	4,575	3,524	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.

N.A. = Not Applicable.

*The formula used for calculating the turnover rates is as follows:

$$\text{Turnover Rate} = \frac{\text{the lesser of (number of recruits + number of hires) or (number of separations)}}{\text{(number of paid staff positions + number of recruits)}}$$

TABLE 11

NUMBER OF FULL-TIME EQUIVALENT PAID AND VOLUNTEER STAFF, CLIENT TO STAFF RATIOS, AND SELECTED STAFF DATA FOR ALL SINGLE ENVIRONMENT/MODALITY OUTPATIENT DRUG FREE UNITS

National Drug and Alcoholism Treatment Utilization Survey
April 30, 1979

STAFF CATEGORY	FULL-TIME EQUIVALENTS*		UNITS WITH STAFF IN POSITION		CLIENTS IN UNITS WITH STAFF IN POSITION		CLIENT TO STAFF RATIO**
	PAID	VOLUNTEER	NUMBER (N = 875)	PERCENT	NUMBER (N = 45,733)	PERCENT	
Psychiatrists	39.2	2.4	156	17.8	10,566	23.1	253.8
Other Physicians	22.0	4.7	85	9.7	6,283	13.7	235.3
Psychologists-Ph.D. Level	114.2	2.9	177	20.2	11,240	24.6	96.0
Psychologists-Master Level	299.7	14.0	258	29.5	15,670	34.3	50.0
Nurse Prac./Physician's Asst.	17.5	4.0	22	2.5	2,101	4.6	97.7
Reg. Nurses-M.S. & Above	15.5	2.9	26	3.0	1,794	3.9	97.5
Other Reg. Nurses	37.0	5.0	52	5.9	2,971	6.5	70.7
L.P. & Vocational Nurses	23.2	2.4	28	3.2	2,248	4.9	87.8
Social Workers-M.S. & Above	503.5	6.8	351	40.1	19,398	42.4	38.0
Social Workers-Bachelor Level	260.3	9.0	191	21.8	12,503	27.3	46.4
Other Degreed Counselors-B.A. & Above	1,188.3	72.5	589	67.3	31,569	69.0	25.0
Degreed Counselors-A.A. Level	166.4	0.5	141	16.1	9,439	20.6	56.6
Non-Degreed Counselors	628.0	89.3	346	39.5	24,279	53.1	33.9
Vocat./Recreational Therapists	80.1	7.4	88	10.1	6,141	13.4	70.2
Other Admin./Support Staff	1,185.5	29.0	616	70.4	37,401	81.8	30.8
Student Trainees	107.2	119.1	216	24.7	12,692	27.8	56.1
TOTAL	4,688.1	371.9	N.A.	N.A.	N.A.	N.A.	N.A.

N.A. = Not Applicable.

*Full-Time Equivalents (FTE) is defined as the total number of full-time workers plus the number of part-time worker-hours per week divided by 35.

**Client to staff ratio is defined as the number of clients in units with the position divided by the total number of FTE staff in the position.

TABLE 12

NUMBER OF FULL-TIME EQUIVALENT PAID AND VOLUNTEER STAFF, CLIENT TO STAFF RATIOS, AND SELECTED STAFF DATA FOR ALL SINGLE ENVIRONMENT/MODALITY OUTPATIENT METHADONE MAINTENANCE UNITS

National Drug and Alcoholism Treatment Utilization Survey
April 30, 1979

STAFF CATEGORY	FULL-TIME EQUIVALENTS*		UNITS WITH STAFF IN POSITION		CLIENTS IN UNITS WITH STAFF IN POSITION		CLIENT TO STAFF RATIO**
	PAID	VOLUNTEER	NUMBER (N = 206)	PERCENT	NUMBER (N = 36,268)	PERCENT	
Psychiatrists	36.0	0.2	72	35.0	10,985	30.3	303.5
Other Physicians	105.4	0.1	169	82.0	32,188	88.8	305.1
Psychologists-Ph.D. Level	8.1	0.4	23	11.2	3,183	8.8	374.5
Psychologists-Master Level	17.3	1.1	19	9.2	3,701	10.2	201.1
Nurse Prac./Physician's Asst.	58.5	0.3	62	30.1	15,262	42.1	259.6
Reg. Nurses-M.S. & Above	32.2	0.0	21	10.2	3,631	10.0	112.8
Other Reg. Nurses	418.0	0.6	167	81.1	31,581	87.1	75.4
L.P.N. & Vocational Nurses	116.8	4.0	79	38.3	13,172	36.3	109.0
Social Workers-M.S. & Above	115.6	0.0	92	44.7	17,521	48.3	151.6
Social Workers-Bachelor Level	65.5	0.0	34	16.5	5,303	14.6	81.0
Other Degreed Counselors-B.A. & Above	371.2	0.6	139	67.5	27,078	74.7	72.8
Degreed Counselors-A.A. Level	71.1	0.3	53	25.7	9,338	25.7	130.8
Non-Degreed Counselors	325.3	2.5	136	66.0	27,743	76.5	84.6
Voc./Recreational Therapists	60.5	0.0	64	31.1	13,411	37.0	221.7
Other Admin./Support Staff	695.7	2.9	190	92.2	N.A.	N.A.	N.A.
Student Trainees	4.0	6.7	12	5.8	2,195	6.1	205.1
TOTAL	2,501.2	19.7	N.A.	N.A.	N.A.	N.A.	N.A.

N.A. = Not Applicable.

*Full-Time Equivalent (FTE) is defined as the number of full-time workers plus the number of part-time worker-hours per week divided by 35.

**Client to Staff Ratio is defined as the number of clients in units with the position divided by the total number of FTE staff in the position.

Table 13 displays the staffing patterns reported by the residential drug free units. These units reported the highest level of effort in the non-degreed counselor category, and the lowest in the nurse practitioner/physician's assistant category. Twenty-five percent of these units reported a staff physician other than a psychiatrist, and 89.0 percent reported employing non-degreed counselors. The highest client to staff ratio is found among psychiatrists (approximately 136:1), and the lowest among non-degreed counselors (approximately 8:1).

The major differences in staffing among the three environment/modality categories are in physician usage, use of degreed and non-degreed counselors, and overall client to staff ratios. The percentage of units that report having at least one staff physician is greater for outpatient methadone maintenance than for outpatient drug free or residential drug free (82.0 versus 9.7 and 25.0 percent respectively). Residential drug free units reported a heavier reliance on non-degreed counselors than did either of the other two environment/modality categories. Finally, the client to staff ratios are uniformly highest among outpatient methadone maintenance units, and lowest among residential drug free units.

These findings are not surprising and appear to relate quite well to the differences intrinsic to the three types of treatment examined. For example, by regulation, methadone maintenance units are reqired to have at least one full-time physician for every 300 clients. No such regulation applies to the drug free modalities, so a greater number of physicians among the methadone units is to be expected. Likewise, by their very design, residential units with 24-hour care require a much lower client-to-staff ratio than outpatient units. Further, the greater use of non-degreed counselors reported by residential units may reflect use of their advanced or graduated patients as therapists.

TABLE 13

NUMBER OF FULL-TIME EQUIVALENT PAID AND VOLUNTEER STAFF, CLIENT TO STAFF RATIOS, AND SELECTED STAFF DATA FOR ALL SINGLE ENVIRONMENT/MODALITY RESIDENTIAL DRUG FREE UNITS

National Drug and Alcoholism Treatment Utilization Survey
April 30, 1979

STAFF CATEGORY	FULL-TIME EQUIVALENTS*		UNITS WITH STAFF IN POSITION		CLIENTS IN UNITS WITH STAFF IN POSITION		CLIENT TO STAFF RATIO**
	PAID	VOLUNTEER	NUMBER (N = 336)	PERCENT	NUMBER (N = 9,736)	PERCENT	
Psychiatrists	11.5	0.2	49	14.6	1,590	16.3	135.9
Other Physicians	12.8	5.3	84	25.0	2,122	21.8	117.2
Psychologists-Ph.D. Level	28.9	2.5	67	19.9	2,118	21.8	67.5
Psychologists-Master Level	60.8	1.1	55	16.4	1,463	15.0	23.6
Nurse Prac./Physician's Asst.	2.5	0.1	8	2.4	233	2.4	89.6
Reg. Nurses-M.S. & Above	10.3	0.4	19	5.7	1,052	10.8	98.3
Other Reg. Nurses	51.9	3.8	89	26.5	2,508	25.8	45.0
L.P.N. & Vocational Nurses	22.5	0.3	13	3.9	627	6.4	27.5
Social Workers-M.S. & Above	76.2	5.2	96	28.6	2,457	25.2	30.2
Social Workers-Bachelor Level	76.4	3.6	75	22.3	1.872	19.2	23.4
Other Degreed Counselors-B.A. & Above	481.2	11.6	183	54.5	5,274	54.2	10.7
Degreed Counselors-A.A. Level	116.1	1.9	81	24.1	2,418	24.8	20.5
Non-Degreed Counselors	1,004.7	100.7	299	89.0	8,646	88.8	7.8
Voc./Recreational Therapists	89.0	3.5	61	18.2	2,420	24.9	26.2
Other Admin./Support Staff	935.8	15.5	288	85.7	N.A.	N.A.	N.A.
Student Trainees	40.4	44.2	80	23.8	2,033	20.9	24.0
TOTAL	3,021.0	199.9	N.A.	N.A.	N.A.	N.A.	N.A.

N.A. = Not Applicable.

*Full-Time Equivalent (FTE) is defined as the number of full-time workers plus the number of part-time worker-hours per week divided by 35.

**Client to Staff Ratio is defined as the number of clients in units with the position divided by the total number of FTE staff in the position.

APPENDIX A

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE ON DRUG ABUSE

FORM APPROVED
OMB NO. 68-R1470

NATIONAL DRUG AND ALCOHOLISM TREATMENT UTILIZATION SURVEY

(NDATUS)

This survey is conducted by the National Institute on Drug Abuse in conjunction with the National Institute on Alcohol Abuse and Alcoholism and the Food and Drug Administration.

NDATUS is intended to collect data from all units providing drug and alcohol abuse services. The survey purposes are: (a) to collect management, staffing, funding and treatment information which describes the drug and alcohol abuse services capacity across the United States, (b) to assist in the planning and policy development for national and State programs regardless of funding source and (c) to assist the Food and Drug Administration (FDA) to verify the safe and effective use of methadone as a new drug in the treatment of narcotic addiction.

A treatment service unit (TSU) is a facility having (1) a formal structured arrangement for alcohol or drug treatment using alcohol or drug-specified personnel, or (2) a designated portion of the facility (or resources) for providing alcohol or drug treatment services, or (3) an allocated budget for such treatment services. A TSU must directly provide treatment services to clients at the facility's address.

The survey form is designed so that the units listed below must complete the pages indicated as follows:

TYPE OF UNIT	REQUIRED PAGES
Units providing methadone or LAAM treatment and also alcohol treatment	1-6
Other treatment units serving both drug and alcohol clients	1-5
Drug treatment units providing methadone or LAAM treatment	1,2,4,5,6
Other treatments units serving only drug clients	1,2,4,5
Other treatment units serving only alcohol clients	1,3,4,5
All other units which do not provide treatment, such as administrative units	1

Legislative Authorization

NDATUS drug abuse and alcoholism data is authorized by P.L. 92-255 as amended by P. L. 94-237 (21 USC 1133, 21 USC 1172(b), and 21 USC 1173); and by the Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act of 1970, P.L. 91-616, as amended by P.L. 92-564, 93-282, 94-371, 94-573, 94-581 and 95-83. Staffing information is authorized by P.L. 94-484, the Health Professions Educational Assistance Act.

The methadone treatment data is required by P.L. 91-513 21 CFR 291.505.

The National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, and the Food and Drug Administration express their appreciation to all participants in NDATUS.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE ON DRUG ABUSE

FORM APPROVED
OMB NO. 68-R1470

NATIONAL DRUG AND ALCOHOLISM TREATMENT UTILIZATION SURVEY

I. IDENTIFICATION INFORMATION

This page is to be completed by all reporting units.

A. ITEMS TO BE COMPLETED BY STATE:

NDATUS IDENTIFIER (1–8) | NIAAA IDENTIFIER (2–8) | FDA IDENTIFIER (3–10) | LOCATION CODE (4–10) | SMSA (5–8) | CONGRESSIONAL DISTRICT (6–7)

B. ITEMS TO BE COMPLETED BY REPORTING UNITS:

For items 7 through 21 use the space provided to enter the information requested. Complete remaining items by checking response options which best describe your unit.

NAME (Item 11 if Clinic)

7 NAME (Item 21) (20)

8 STREET ADDRESS (20)

9 ROOM NO./BLDG./DEPT./P.O. BOX (30)

10 CITY (30)

11 COUNTY NAME (20) | 12 STATE (2) | 13 ZIP CODE (5)

14 AREA CODE TELEPHONE NO. (Unit) (10) | 15 STATE REGIONAL CODE (2)

16 LAST NAME, FIRST NAME, MIDDLE INITIAL (Director) (10) | 17 EXTENSION (if any) (5)

18 TITLE (30)

19 AREA CODE TELEPHONE NO. (Director) (10) | 20 EXTENSION (if any) (5)

C. UNIT'S FOCUS

Check the response below which best describes your unit's primary emphasis.

22
- ☐ 1. Alcoholism treatment
- ☐ 2. Drug abuse treatment
- ☐ 3. Combined drug and alcoholism treatment
- ☐ 4. Other (specify) _____ 23 (20)

D. OWNERSHIP

Check the response below which best describes the type of organization legally responsible for the operation of this facility.

24

FOR PROFIT
- ☐ 1. Individual
- ☐ 2. Partnership
- ☐ 3. Corporation

NONPROFIT
- ☐ 9. Church related
- ☐ 10. Nonprofit corporation
- ☐ 11. Other nonprofit

STATE-LOCAL GOVERNMENT
- ☐ 4. State government
- ☐ 5. County government
- ☐ 6. City government
- ☐ 7. City-county government
- ☐ 8. Hospital district

FEDERAL GOVERNMENT
- ☐ 12. U.S. Public Health Service
- ☐ 13. Armed Forces
- ☐ 14. Veterans Administration
- ☐ 15. Other Federal Agency

E. POPULATION SERVED

Check residence of the principal population served.

25
- ☐ 1. Rural
- ☐ 2. Inner City
- ☐ 3. Urban/Suburban

F. UNIT'S PHYSICAL ENVIRONMENT

Check the response which best describes this unit's physical environment.

26
- ☐ 1. Community Mental Health Center
- ☐ 2. Mental/Psychiatric Hospital
- ☐ 3. VA Hospital
- ☐ 4. Other Hospital
- ☐ 5. Correctional Facilities
- ☐ 6. Half-Way House
- ☐ 7. Free Standing Facility other than Half-Way House
- ☐ 8. Other (specify) _____ 27 (20)

G. UNIT'S SCOPE OF ACTIVITIES

Check the functions performed at this unit.*

28
- ☐ 1. Administration
- ☐ 2. Methadone/LAAM Treatment
- ☐ 3. Treatment (other)
- ☐ 4. Training
- ☐ 5. Prevention/Education
- ☐ 6. Central Intake, Screening and/or Referral
- ☐ 7. Research/Evaluation
- ☐ 8. Other (specify) _____ 29 (20)

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*Units checking boxes 2 or 3 must complete the remaining sections of the questionnaire.

NDATUS IDENTIFIER

II. DRUG ABUSE TREATMENT POPULATION

This page is to be completed by all units providing treatment services to drug abuse clients.

The purpose of this section is to compare the available capacity of drug abuse treatment with the utilization of these resources. This information will be aggregated to report findings at the national, State and regional levels.

INSTRUCTIONS FOR COMPLETING THIS SECTION

The unit's capacity and utilization data entered below are based on a point prevalence date (point in time) which is specified as the last day of the month on which the data are collected, i.e., April 30, 1979. The population includes only clients being treated at this treatment service unit for a drug problem. Do not include client's parents, relatives or friends.

A. BUDGETED TREATMENT CAPACITY

The budgeted drug abuse treatment capacity is the number of clients this unit is able to treat as of April 30, 1979 when operating at full capacity.

BUDGETED TREATMENT CAPACITY ON APRIL 30, 1979

MODALITY	CLIENT ENVIRONMENT					
	OUTPATIENT	RESIDENTIAL	DAYCARE	HOSPITAL/INPATIENT	PRISON	TOTALS
a. Drug Free	30 (40)	31 (40)	32 (40)	33 (40)	34 (40)	35 (40)
b. Detoxification	36 (40)	37 (40)	38 (40)	39 (40)	40 (40)	41 (40)
c. Methadone Maintenance	42 (40)	43 (40)	44 (40)	46 (40)	46 (40)	47 (40)
d. LAAM or Darvon Maintenance	48 (40)	49 (40)	50 (40)	51 (40)	52 (40)	53 (40)
e. Other Modality *(Specify)* _____ 60 (20)	54 (40)	55 (40)	56 (40)	57 (40)	58 (40)	59 (40)
f. Totals	60 (5)	61 (5)	62 (5)	63 (5)	64 (5)	65 (40)

B. ACTUAL CLIENTS IN TREATMENT (Census)

Enter the total number of active clients in treatment as of April 30, 1979.

An active client is an individual:

who has been admitted to this treatment unit and for whom a treatment plan has been developed;
who has been seen on a scheduled appointment basis at least once during the 30 days preceding April 30, 1979; and
who has not been discharged from treatment (i.e., continued care is expected to be given to this client).

ACTUAL CLIENTS IN TREATMENT ON APRIL 30, 1979

MODALITY	CLIENT ENVIRONMENT					
	OUTPATIENT	RESIDENTIAL	DAYCARE	HOSPITAL/INPATIENT	PRISON	TOTALS
a. Drug Free	67 (40)	68 (40)	69 (40)	70 (40)	71 (40)	72 (40)
b. Detoxification	73 (40)	74 (40)	75 (40)	76 (40)	77 (40)	78 (40)
c. Methadone Maintenance	79 (40)	80 (40)	81 (40)	82 (40)	83 (40)	84 (40)
d. LAAM or Darvon Maintenance	86 (40)	86 (40)	87 (40)	88 (40)	89 (40)	90 (40)
e. Other Modality *(Specify)* _____ 103 (20)	91 (40)	92 (40)	93 (40)	94 (40)	95 (40)	96 (40)
f. Totals	97 (5)	98 (5)	99 (5)	100 (5)	101 (5)	102 (40)

NDATUS IDENTIFIER

III. ALCOHOL ABUSE TREATMENT POPULATION

This page is to be completed by all units providing treatment services to alcoholism clients.

The purpose of this section is to compare the available capacity of alcohol abuse treatment with the utilization of these resources. This information will be aggregated to report findings at the national, State and regional levels.

INSTRUCTIONS FOR COMPLETING THIS SECTION

This unit's capacity and utilization data entered below are based on a point prevalence date (point in time) which is specified as the last day of the month on which the data are collected, i.e., April 30, 1979. The population includes only clients treated at this treatment service unit for an alcohol problem. Do not include client's parents, relatives, or friends.

A. TREATMENT CAPACITY

The alcohol abuse treatment capacity is the number of clients this unit is able to treat as of April 30, 1979 when operating at full capacity.

TREATMENT CAPACITY ON APRIL 30, 1979

MODALITY	CLIENT ENVIRONMENT					
	OUTPATIENT	INTERMEDIATE* SHORT TERM	INTERMEDIATE* LONG TERM	HOSPITAL/ INPATIENT	PRISON	TOTAL
a. Detoxification – Medical Model	104 (4)	108 (4)	108 (4)	107 (4)	108 (4)	109 (5)
b. Detoxification – Social Setting	110 (4)	111 (4)	112 (4)	113 (4)	114 (4)	115 (5)
c. Alcoholism Treatment	116 (4)	117 (4)	118 (4)	119 (4)	120 (4)	121 (5)
d. Other Modality *(Specify)* _____ 134 120	122 (4)	123 (4)	124 (4)	125 (4)	126 (4)	127 (5)
e. Totals	128 (5)	129 (5)	130 (5)	131 (5)	132 (5)	133 (5)

B. ACTUAL CLIENTS IN TREATMENT (Census)

Enter the total number of active clients in treatment as of April 30, 1979.

An active client is an individual

who has been admitted to this treatment unit and for whom a treatment plan has been developed,

who has been seen on a scheduled appointment basis at least once during the 30 days preceding April 30, 1979, and

who has not been discharged from treatment (i.e., continued care is expected to be given to this client).

ACTUAL CLIENTS IN TREATMENT ON APRIL 30, 1979

MODALITY	CLIENT ENVIRONMENT					
	OUTPATIENT	INTERMEDIATE* SHORT TERM	INTERMEDIATE* LONG TERM	HOSPITAL/ INPATIENT	PRISON	TOTAL
a. Detoxification – Medical Model	136 (4)	138 (4)	137 (4)	139 (4)	139 (4)	140 (5)
b. Detoxification – Social Setting	141 (4)	142 (4)	143 (4)	144 (4)	146 (4)	146 (5)
c. Alcoholism Treatment	147 (4)	148 (4)	149 (4)	150 (4)	151 (4)	152 (5)
d. Other Modality *(Specify)* _____ 155 120	153 (4)	154 (4)	156 (4)	156 (4)	157 (4)	158 (5)
e. Totals	159 (5)	160 (5)	161 (5)	162 (5)	163 (5)	164 (5)

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*For example, Half-way House, Quarter-way House, Foster Home, residential care

IV. FUNDING INFORMATION

This page is to be completed by all treatment service units.

NDATUS IDENTIFIER

This section requests basic funding information to aid in understanding the funding and budgeting requirements of treatment service units regardless of funding source(s).

INSTRUCTIONS FOR COMPLETING THIS PAGE:

1. Column 1, Funding Source Code. Enter this unit's funding sources in column 1. The funding sources are:

FUNDING SOURCE	FUNDING SOURCE CODE	DEFINITION
NIDA	N	Statewide services contracts, 410 funds and other grants or contracts.
NIDA 409 Formula Funds	D	NIDA 409 Formula funds.
NIAAA	A	NIAAA contracts or grants.
NIAAA Formula Funds	C	NIAAA Formula funds, and Uniform Act funds.
Other Federal	O	Includes Federal funds from agencies other than those listed above, e.g., Veteran's Administration, Drug Enforcement Administration, Bureau of Community Health Services, Law Enforcement Assistance Administration, National Institute on Mental Health.
BOP	B	Funds from Bureau of Prisons.
State	S	Includes State contracts, appropriations, grants and state matching funds.
Local	L	Includes municipal funds awarded by contract or grant from towns, cities, or counties, as well as municipal matching funds.
Title XX	T	Support for services provided on behalf of alcohol and/or drug abuse clients through the Title XX Program.
Private	P	Contributions from foundation grants, cash contributions, cash value of donated goods, and contributions from United Way/Community Chest charities.
Welfare	W	Medical or social service benefits payments associated with local general assistance or general relief programs including food stamps.
Public Insurance	H	Public health insurance provided to eligible clients, e.g., CHAMPUS, Medicaid, and Medicare.
Private Insurance	I	Private health insurance provided to eligible clients, e.g., Blue Cross/Blue Shield.
State and Local Reimbursements	R	State and Local fees for service.
Client Fees	F	Fees paid out of pocket by the client that are not reimbursed from insurance or general welfare.

2. Column 2 and 3, Funding Period Start and End Date. Enter the start and end date of the funding period for each source of funding. The start and end dates are to reflect a time period which includes the point prevalence date (April 30, 1979).

3. Column 4, Total Alcohol Dollar Amount. Enter the amount of funding allocated for alcoholism treatment.

4. Column 5, Total Drug Dollar Amount. Enter the amount of funding allocated for drug abuse treatment.

EXAMPLE:

A treatment service unit estimates it will collect $7,000 in client fees (F) for alcohol treatment and $10,000 for drug abuse during calendar year 1979. $10,000 in NIDA 409 Funds (D), $30,000 in NIDA contracts (N), $40,000 in State (S) monies with the alcohol and drug components each receiving $20,000, and $30,000 from NIAAA (A).

FUNDING INFORMATION

ROW	FUNDING SOURCE CODE (Column 1)	FUNDING PERIOD START DATE Month (Column 2)	FUNDING PERIOD START DATE Year (Column 2)	FUNDING PERIOD END DATE Month (Column 3)	FUNDING PERIOD END DATE Year (Column 3)	TOTAL ALCOHOL DOLLAR AMOUNT (in thousands) (Column 4)	TOTAL DRUG DOLLAR AMOUNT (in thousands) (Column 5)
1	F	01	79	12	79	7	10
2	D	01	79	06	80	0	10
3	N	01	79	06	80	0	30
4	S	01	79	12	79	20	20
5	A	01	79	06	80	30	0
6							
7							
8							
9							
10							
TOTAL							

FUNDING INFORMATION

ROW	FUNDING SOURCE CODE (Column 1)	FUNDING PERIOD START DATE Month (Column 2)	FUNDING PERIOD START DATE Year (Column 2)	FUNDING PERIOD END DATE Month (Column 3)	FUNDING PERIOD END DATE Year (Column 3)	TOTAL ALCOHOL DOLLAR AMOUNT (in thousands) (Column 4)	TOTAL DRUG DOLLAR AMOUNT (in thousands) (Column 5)
7							
8							
9							
10							
TOTAL							

NDATUS IDENTIFIER

V. TREATMENT UNIT STAFFING

This page is to be completed by all treatment service units.

This section requests information on the staffing patterns of drug abuse and/or alcohol units for the month ending April 30, 1979.

INSTRUCTIONS FOR COMPLETING THIS PAGE:

For each category of staff, enter the total number of employees (both paid and volunteer) who work at this unit. All staff members who work anytime during the month are to be included. Under turnover include all staff hirings and separations that occurred during the period May 1, 1978 – April 30, 1979. All staff categories include only those individuals who work at the facility.

UNIT STAFF

STAFF CATEGORY	PAID			VOLUNTEERS			NUMBER OF STAFF BEING RECRUITED	PAID STAFF TURNOVER MAY 1, 1978 – APRIL 30, 1979	
	FULL-TIME*	PART-TIME**		FULL-TIME*	PART-TIME**				
	Number of Employees	Number of Employees	Total Hours Worked	Number of Volunteers	Number of Volunteers	Total Hours Worked		Number Hired	Number Separated
Psychiatrists	218 (2)	219 (2)	220 (3)	221 (2)	222 (2)	223 (3)	224 (2)	225 (2)	226 (2)
Other Physicians	227 (2)	228 (2)	229 (3)	230 (2)	231 (2)	232 (3)	233 (2)	234 (2)	235 (2)
Psychologists/ Doctoral Level	236 (2)	237 (2)	238 (3)	239 (2)	240 (2)	241 (3)	242 (2)	243 (2)	244 (2)
Psychologists/ Master Level	245 (2)	246 (2)	247 (3)	248 (2)	249 (2)	250 (3)	251 (2)	252 (2)	253 (2)
Nurse Practitioner/ Physician's Assistant	254 (2)	255 (2)	256 (3)	257 (2)	258 (2)	259 (3)	260 (2)	261 (2)	262 (2)
Registered Nurses Master Level & Above	263 (2)	264 (2)	265 (3)	266 (2)	267 (2)	268 (3)	269 (2)	270 (2)	271 (2)
Other Registered Nurses	272 (2)	273 (2)	274 (3)	275 (2)	276 (2)	277 (3)	278 (2)	279 (2)	280 (2)
Licensed Practical & Vocational Nurses	281 (2)	282 (2)	283 (3)	284 (2)	285 (2)	286 (3)	287 (2)	288 (2)	289 (2)
Social Workers Master Level & Above	290 (2)	291 (2)	292 (3)	293 (2)	294 (2)	295 (3)	296 (2)	297 (2)	298 (2)
Social Workers Bachelor Level	299 (2)	300 (2)	301 (3)	302 (2)	303 (2)	304 (3)	305 (2)	306 (2)	307 (2)
Other Degreed Counselors Bachelor Level & Above	308 (2)	309 (2)	310 (3)	311 (2)	312 (2)	313 (3)	314 (2)	315 (2)	316 (2)
Degreed Counselors AA Level	317 (2)	318 (2)	319 (3)	320 (2)	321 (2)	322 (3)	323 (2)	324 (2)	325 (2)
Non-Degreed Counselors	326 (2)	327 (2)	328 (3)	329 (2)	330 (2)	331 (3)	332 (2)	333 (2)	334 (2)
Therapists (Vocational, Recreational Activities, etc.)	335 (2)	336 (2)	337 (3)	338 (2)	339 (2)	340 (3)	341 (2)	342 (2)	343 (2)
Other Administrative & Support Staff	344 (2)	345 (2)	346 (3)	347 (2)	348 (2)	349 (3)	350 (2)	351 (2)	352 (2)
Student Trainee	353 (2)	354 (2)	355 (3)	356 (2)	357 (2)	358 (3)	359 (2)	360 (2)	361 (2)

SIGNATURE OF DIRECTOR	NAME AND TITLE OF PERSON COMPLETING FORM	DATE FORM COMPLETED
		MONTH DAY YEAR

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The National Institute on Drug Abuse, The National Institute on Alcohol Abuse and Alcoholism, and the Food and Drug Administration wish to express sincere appreciation for your participation in this survey.

* Full-time includes those who work 35 or more hours per week.
** Part-time includes those who work less than 35 hours per week.

NDATUS IDENTIFIER

FDA IDENTIFIER 1 | 0 | M

VI. METHADONE AND LAAM TREATMENT UNIT INFORMATION

This page must be completed by all methadone and LAAM treatment units.

This section replaces the Annual Report for Treatment Programs Using Methadone (Form FD2634), previously required by the Food and Drug Administration and is required by 21 CFR 291.505, Conditions for Use of Methadone.

A. UNIT'S SPONSOR

Name of Unit's Sponsor (383) (388)

B. AMOUNT OF DRUG DISPENSED

Number of grams of drug dispensed during the 12 month period May 1, 1978 through April 30, 1979:

Methadone (384) (to the nearest gram)

LAAM (385) (to the nearest gram)

C. CLIENT TREATMENT DYNAMICS

	METHADONE		LAAM	
	Maintenance	Detoxification	Maintenance	Detoxification
1. Number of clients in treatment on May 1, 1978.	(386) (387)	(387) (388)	(388) (389)	(389) (390)
2. Number of clients in treatment on April 30, 1979.	(370) (371)	(371) (372)	(372) (373)	(373) (374)
3. Number of clients admitted to treatment during the period May 1, 1978 - April 30, 1979 who were treated in a previous year.	(374) (375)	(375) (376)	(376) (377)	(377) (378)
4. Number of clients admitted to treatment for the first time ever during the period May 1, 1978 - April 30, 1979.	(378) (379)	(379) (380)	(380) (381)	(381) (382)
5. Number of clients reaching the methadone/LAAM-free state during the period May 1, 1978 - April 30, 1979.	(382) (383)	(383) (384)	(384) (385)	(385) (386)

D. CLIENT DOSAGE LEVELS

For clients in treatment on April 30, 1979, enter the number of methadone and LAAM maintenance clients who are being maintained at each of the dosage levels below. (Maintained means at the same dose for at least two weeks):

		DAILY DOSAGE IN MG.							
		Under 20 MG.	20-39 MG.	40-59 MG.	60-79 MG.	80-99 MG.	100-119 MG.	120 or more MG.	TOTAL
METHADONE	FEMALE	(386) (387)	(387) (388)	(388) (389)	(389) (390)	(390) (391)	(391) (392)	(392) (393)	(393) (394)
	MALE	(394) (395)	(396) (397)	(395) (397)	(397) (398)	(398) (399)	(399) (400)	(400) (401)	(401) (402)
LAAM	MALE	(402) (403)	(403) (404)	(404) (405)	(405) (406)	(406) (407)	(407) (408)	(408) (409)	(409) (410)

E. ADDITIONAL INFORMATION

For clients receiving methadone/LAAM treatment during the period May 1, 1978 through April 30, 1979 enter the following:

	METHADONE	LAAM
1. The number of pregnant clients who were treated with methadone.	(410)	
2. The number of clients who had adverse reactions to the methadone/LAAM requiring medical attention.*	(411)	(412)
3. The number of client deaths related to methadone/LAAM alone.*	(413)	(414)
4. The number of client deaths related to methadone/LAAM in combination with other drugs.*	(415)	(416)

*Attach FD 1639, Drug Experience Report, for each case not previously reported to the Food and Drug Administration.

APPENDIX B

GLOSSARY

Active Client - An individual who has been admitted to the treatment service unit and for whom a treatment plan has been developed; who has been seen on a scheduled appointment basis at least once during the 30 days preceding April 30, 1979; and who has not been discharged from treatment (i.e., continued care is expected to be given this client).

Active Clients in Treatment - The number of active clients receiving drug abuse treatment services as of April 30, 1979.

Alcoholism Treatment - The formal organized post-detoxification services provided to alcoholism clients related to (1) the reduction of disability or discomfort, (2) the amelioration of signs and symptoms and, (3) the changes in specific physical, mental or social functioning. Included are individual counseling/therapy, group counseling/therapy, educational sessions, medical services, employment assistance/vocational rehabilitation, scheduled social and recreational therapy, and other scheduled activities.

Budgeted Treatment Capacity - The maximum number of individuals who could be enrolled as active clients as of April 30, 1979 given the staffing, funding, and physical facilities available at that time.

Client Fees - Fees paid out of pocket by the client that are not reimbursed from insurance or general welfare.

Daycare - Treatment provided by a unit where the client resides outside the treatment unit. The client participates in a drug abuse treatment program, with or without medication, according to a minimum attendance schedule as defined by the funding source (usually five or more hours per day, five or more days per week). Services provided may include individual, group, and family counseling; job development; and/or educational and legal services. The client has regularly assigned and supervised work functions (salaried or nonsalaried) at the unit.

Detoxification - Refers to the period of planned withdrawal from drug dependency supported by use of a prescribed medication. If methadone is being used, detoxification cannot exceed 21 days. When methadone detoxification exceeds 21 days, the treatment modality becomes maintenance. However, there are other types of detoxification that may exceed 21 days, such as sedative/hypnotic detoxification, which may last 6 weeks or longer.

Detoxification - Medical Setting - (Alcohol Abuse Treatment Modality) - Detoxification in a specialized nonmedical facility by trained personnel with physican services available when required. Drug therapy is usually not used.

Drug Free - Refers to a treatment regimen that does not include any chemical agent or medication as the primary part of the drug treatment. It is the treatment modality for withdrawal without medication. Temporary medication may be prescribed in a drug free modality, i.e., short-term use of tranquilizers, but the primary treatment method is counseling, not chemotherapy. Examples include traditional drug free counseling, acupuncture, transcendental meditation, etc.

Full-Time Equivalent - Is calculated in the following manner:

$$\frac{\text{number of hours worked per week}}{\text{35 hours per week}}$$

Hospital/Inpatient - Describes a unit where the client resides in a hospital setting and is being treated primarily for a drug abuse problem. The client may, in addition, be receiving services for medical or psychiatric/psychological problems. The hospital/inpatient environment includes a community mental health center housing an inpatient unit that meets the definition of a treatment unit. If a client is being treated in a hospital on an outpatient basis, the outpatient environment applies.

Intermediate - An environment for clients who are not ill enough to need admission to a hospital, but either have need of more intensive care and treatment than is available through an outpatient setting or who, although not seriously debilitated, would benefit from supportive living arrangements. This category includes care offered in partial hospitalization programs, (day, night, and weekend care), quarterway houses, and halfway houses. Short-term treatment is defined as being 30 days or less and long-term as being greater than 30 days.

Local Funding - Includes municipal funds awarded by contract or grant from towns, cities, or counties as well as municipal matching funds.

Maintenance - The continued administering and/or dispensing of methadone, L-Alpha Acetylmethadol (LAAM), or propoxyphene napsylate (Darvon-N), in conjunction with provision of appropriate social and medical services, at relatively stable dosage levels for a period in excess of 21 days as an oral substitute for heroin or other morphine-like drugs, for an individual dependent on heroin. This category also includes those clients who are being withdrawn from maintenance treatment.

Modality - Refers to the primary treatment approach or regimen assigned to the client by the treatment unit staff. Modalities are differentiated by the type and extent of alcoholism therapy and services administered to the client.

NIDAA Formula Funds - NIAAA formula funds and Uniform Act funds.

NIAAA Funds (Other) - NIAAA contracts or grants.

NIDA Other Funds - Statewide services contracts, 410 funds, and other grants or contracts.

NIDA Formula Funds - NIDA 409 Formula funds.

Other Federal Funds - Includes Federal funds from agencies other than NIDA, e.g., the National Institute on Alcohol Abuse and Alcoholism, Bureau of Prisons, Veterans Administration, Drug Enforcement Administration, Bureau of Community Health Services, Law Enforcement Assistance Administration, and National Institute of Mental Health.

Outpatient - Treatment provided by a unit where the client resides outside the facility. The client participates in an drug abuse treatment program, with or without medication, and attends the treatment unit according to a predetermined schedule for services that include counseling and supportive services. Outpatient differs from daycare in that the outpatient client attends the treatment unit less frequently and does not have regularly assigned and supervised work functions at the unit.

Prison - Describes a unit where the client is incarcerated in a Federal, State, or other prison and participates in a treatment program within the correctional institution. Clients being treated in a secured hospital setting are entered under hospital/inpatient and not under the prison environment.

Private Funding - Contributions from foundation grants, cash contributions, cash value of donated goods, and contributions from United Way/Community Chest charities.

Private Insurance - Private health insurance provided to eligible clients, e.g., Blue Cross/Blue Shield.

Public Insurance - Public health insurance provided to eligible clients, e.g., CHAMPUS, Medicaid, and Medicare.

Residential - Treatment provided by a unit where the client resides in a treatment unit other than a prison or a hospital. Halfway houses and therapeutic communities are included in this category.

State Funding - Includes State contracts, appropriations, grants, and State matching funds.

State and Local Reimbursements - State and local fees for service.

Title XX Funding - Support for services provided on behalf of alcohol and/or drug abuse clients through the Title XX Program.

Treatment Environment - The institutional setting within which the client is treated.

Treatment Unit - A unit reporting a budgeted capacity for treatment.

Welfare - Medical or social service benefits payments associated with local general assistance or general relief programs including food stamps.

APPENDIX C

DISTRIBUTION OF SINGLE ENVIRONMENT/MODALITY TREATMENT UNITS AND CLIENTS FOR SELECTED ENVIRONMENT/MODALITY COMBINATIONS

National Drug and Alcoholism Treatment Utilization Survey
April 30, 1979

STATE	OUTPATIENT DRUG FREE		OUTPATIENT METHADONE MAINTENANCE		RESIDENTIAL DRUG FREE	
	NUMBER OF UNITS	NUMBER OF CLIENTS	NUMBER OF UNITS	NUMBER OF CLIENTS	NUMBER OF UNITS	NUMBER OF CLIENTS
Alabama	18	417	-	-	1	5
Alaska	1	10	-	-	1	34
Arizona	4	340	1	1	3	54
Arkansas	7	45	1	1	1	28
California	143	9,838	44	4,886	63	1,734
Colorado	10	398	-	-	4	71
Connecticut	25	775	5	719	8	129
Delaware	7	250	2	98	3	45
District of Columbia	3	396	-	-	8	285
Florida	36	2,232	2	407	10	357
Georgia	6	228	1	6	3	101
Hawaii	5	192	-	-	2	148
Idaho	-	-	-	-	-	-
Illinois	21	881	13	1,563	8	308
Indiana	2	51	-	-	-	-
Iowa	6	169	-	-	2	40
Kansas	1	24	1	121	2	40
Kentucky	8	177	-	-	-	-
Louisiana	6	624	2	251	2	60
Maine	2	103	-	-	1	9
Maryland	22	1,485	2	288	4	159
Massachusetts	65	2,100	2	128	16	260
Michigan	37	1,942	5	531	3	95
Minnesota	3	695	-	-	3	95
Mississippi	1	19	-	-	2	28
Missouri	7	349	1	127	1	19
Montana	5	288	-	-	1	7
Nebraska	9	235	-	-	1	3
Nevada	3	81	2	116	2	59
New Hampshire	5	155	-	-	1	26
New Jersey	39	1,958	2	163	9	370
New Mexico	14	540	2	204	3	58
New York	153	7,510	98	24,905	53	2,670
North Carolina	4	139	-	-	2	45
North Dakota	-	-	-	-	-	-
Ohio	53	2,624	1	13	7	126
Oklahoma	6	160	-	-	-	-
Oregon	9	397	-	-	4	51
Pennsylvania	26	1,769	5	820	13	350
Rhode Island	6	294	-	-	2	95
South Carolina	1	261	2	33	2	61
South Dakota	-	-	-	-	-	-
Tennessee	-	-	-	-	-	-
Texas	26	1,608	3	159	5	147
Utah	1	8	-	-	-	-
Vermont	5	161	-	-	2	12
Virginia	12	561	1	33	3	91
Washington	37	952	1	78	13	248
West Virginia	1	4	-	-	-	-
Wisconsin	6	197	1	93	3	55
Wyoming	-	-	-	-	-	-
American Samoa	-	-	-	-	-	-
Guam	-	-	-	-	-	-
Puerto Rico	8	2,091	6	524	59	1,158
Trust Terr/Pacific Isl.	-	-	-	-	-	-
Virgin Islands	-	-	-	-	-	-
TOTAL	875	45,733	206	36,268	336	9,736

(-) = Data not available.

NOTE: This table does not include drug abuse treatment information reported by combined treatment units.

APPENDIX D

STAFF TURNOVER CONCEPTS

The concept of staff turnover, as used for the analyses in this report, is limited to the phenomenon where a staff position is vacated and a replacement is obtained or sought. This approach eliminates the difficulty posed by either staff terminations due to the elimination of the position or staff hires and recruits to fill newly created positions. It is our view that these latter occurrences are not truly indicative of turnover. Rather, they are more indicative of funding or treatment orientation changes that occur from time to time in the field.

Mathematically, this turnover concept was operationalized in this report with the following formula:

$$\text{Turnover Rate} = \frac{\text{the lesser of (no. of recruits + no. of hires) or (no. of separations)}}{\text{(no. of paid positions + no. of recruits)}}$$

The denominator in this equation is equal to the total number of positions a treatment unit has for a given staff category, whether or not the position was filled at the time of the survey.

The overall turnover rates shown in tables 9 and 10 of this report are computed using the total number of positions for each staff category in the denominator, even if no staff turnover was reported by the unit. The turnover rates for units which reported some turnover in a staff category employ a denominator that only includes the number of positions reported by units which experienced turnover.

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